

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 554442

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3						
4	3		3			
5	3		3			
6	1		1			
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15	2		2			
16	2		2			
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	32	←	29	←		←
TOTAL CLAIMS	36	[QR]	33	[QR]		[QR]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←		←	←
TOTAL CLAIMS		[QR]		[QR]		[QR]